MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF FOR STATE HEALTH DEPT 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY 2, and 3 to PM3. Page Department of delay is and 3 to MARYLAND c. LENGTH OF STAY IN 16 IDWN (If outside corparate limits, write RURAL and give nearest tawn) write RURAL and giv (beares flown) 00 18. Give Pages 1, 2 alang with farm d. STREET ADDRESS (If not in haspital give street address) haurs ate haurs after death. 3. NAME OF DECEASED DATE OF DEATH MiddleLugene Manth 72 the within (Type ar print) 6. COLDR DR RACE 7 MARRIED NEVER MARRIED AGE (In years (ast birthday) WIDOWED event 1Da. LISUAL OCCUPATION (Give kind of work dane State or foreign country during most of working life, even if retired) 13. FATHER'S NAME pencil Examine executed within William Dean Hough INFORMANT MA Osborn WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. rd "pending" in Chief Medical E (If yes give war or dates of service remaval 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I DEATH WAS CAUSED BY 10 IMMEDIATE CAUSE (o) ward This certificate shauld crematian, DUE TO Conditions, if any, which gove (b) rise to immediate cause (a), p DUE TO stating the underlying cause farwarded t burial, MATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTTON 2 should be 2Dg. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (L'er nature pry in Part I ar Part II af item 18.) TO FUNERAL DIRECTOR: Page 3 shauld I Health ar its designated agent, priar PRIMARY I of CONTRIBUTING I CAUSE OF DEATH 2Dc. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED 2De. PLACLOF INJURY (Hame, farm, 2Df. (City or town) Hour o.m. factory, street, affice bldg., etc.) While Not While at wark at wark 21. I certify that I took charge of the remains described above, held an Autapsy the funeral directar. death resulted from: Notural causes Accident . Suicide | Homicide CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE TO DEPUTY may be DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, tawn, br caunty) 23 a. BURIAL CREMATION. Burial

REMOVAL (Specify)

19. WAS AUTDPS PERFORMED? (County) (State) ond in my opinian Undetermined manner 22. DATE SIGNED 23d. LOCATION (City or Town) (County) (State) Arlingt on Nat'l Cem. Arlington, Virginia 2Sb. REGISTRAR'S SIGNATURE Hines Co. Washington, D.

IS RESIDENCE DN A FARM?

INTERVAL BETWEEN

YES

IF UNDER 1 YEAR

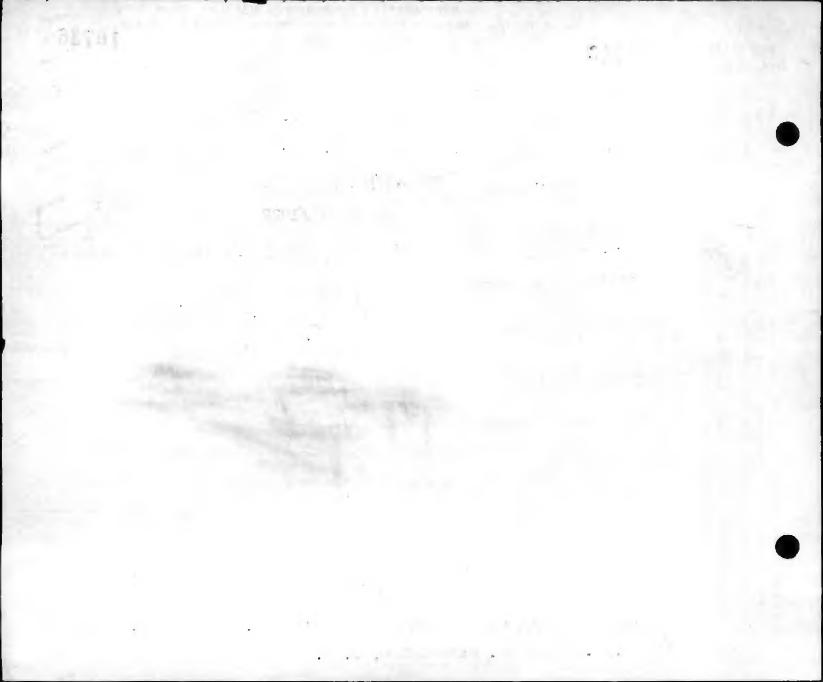
Days

12. CITIZEN OF WHAT

Months

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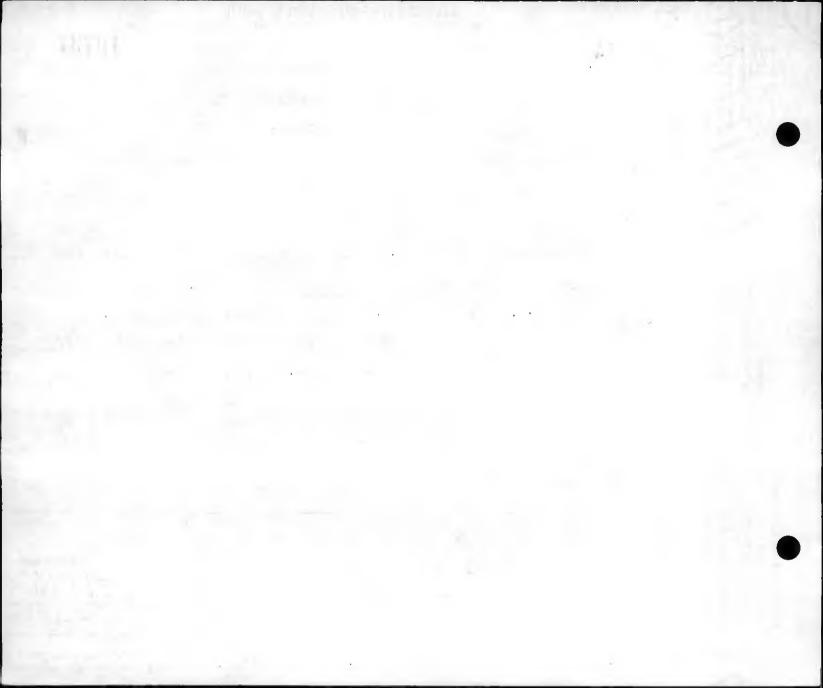
FUNERAL DIRECTOR



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

LOK 2	TAIL	AF		TOOMY	MEDICAL EXAMINER 3	CERTIFICATE OF DEAT	-2.1	1.4 0. 1
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₹ G	File		10	WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO. 17. I	INFORMANT	Address	
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the Dec	5 moy O FUNE Health		230	BURIAL, CREMATION, 23b DATE THERE			CATION (City of Town)	(Gounty) (Stote)
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

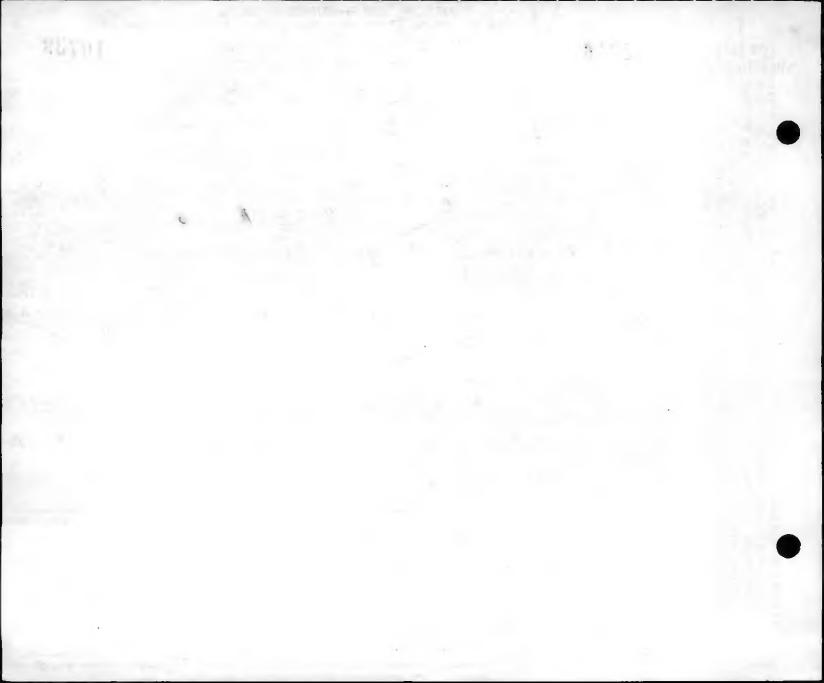
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ol in	- Commence	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEC. (If yes give wor or doles of service) 462-10-	URITY NO. 17. INFORMANT	Address	
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e ex	ansit permit. ar remaval,		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), or PART I. DEATH WAS CAUSED BY:			ONSET AND DEATH
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CAN Te the	2 8	MEDI	10	While loctory, street, office bldg., etc.)		
L ES	ained far y IRECTOR: P designated		21. I certify that I taak charge of the remains de		Inspection, Inquiry,	and in my opinian
to ex	CTO Gigin		death resulted from: Natural causes X, Acc	ident 🔝, Suicide 🔲, Hamicide 🛚	, Undetermined manner	
eos(JRE des		ACTUAL 2 1 Amended	CHIEF MEDICAL EX		22. DATE SIGNED
	<u> </u>		SIGNATURE 100 COCCO.	M.D. ASSISTANT MEDICA		
O DEPUTY necessary, the funeral	FUNERAL ealth ar i		EXAMINER'S NAME (Type) To COUN JENDY.	DEPUTY MEDICAL Address (Street, c	ity, town, or county)	11 7.25.66
DE DE	5 may 10 FUNE Health	230		AME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stole)
2 ± ±	25 ±			klawn Cemetery	Rockville	Maryland
	Sa		The state of the s	ADDRESS 250. REC'D 8		SIGNATURE Quedar
VE	8 A15ME (5)	R	bert A. Pumphrey Bethe	esda, Maryland DATE AU	G 2 1966 face	J. Con

3.18-00-6 FR SHARL REE de also desired tomes actions 7 2-1711 54 = 23 charache Eng. 17 Boons 1500 RSA EINRETT Kankfield Niplson, France 08-1-000B htvF Corder Fabrillation Hente Magazzador Inforction in in Proper use lesses 2 registers infortune in part Will Thin ,6085H

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items 5 FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a COUNTY o. STATE b. COUNTY Worcester MARYLAND b. CITY OR TOWN (If outside corporate limits. r. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore duns Occen City d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE hours ON A FARM? YES NO SC are 3. NAME OF Middle 4. DATE DECEASED the July (Type or print) 140011 S. SEX 9. AGE (In years IF UNDER I YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last Months Male White WIDOWED DIVORCED event 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT during most of working life, even if refired) INDUSTRY COUNTRY? USA New Jersey Auo In dustyn pages 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME E George Lippincott unknown 31 64 Cliftur IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 15. WAS DECEASED EVEK IN U.S. ARMED PORCES:
(Yes, no, or unknown) (If yes give wor of dotes of service) 215-10-0815 or removal. Shaughnessy INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) buria-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) cremotion, DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse C445 burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? KONE Health or its designated agent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) PRIMARY Tor CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection . Inquiry and in my apinian death resulted fram: Natural causes X, Accident , Suicide , Hamicide ... Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 7-7-66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) Walk life, 12 NAME (Type) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 0 7/11/66 Gardens of Faith Cem Baltimore, Md. ²⁴ FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A 15ME

Page ter deoth. d 'pending' in pencil in Chief Medicol Examiner's executed within This certificate should e certificate, writing the wor should be forwarded to the the funerol director.

3331 Brehms Lane



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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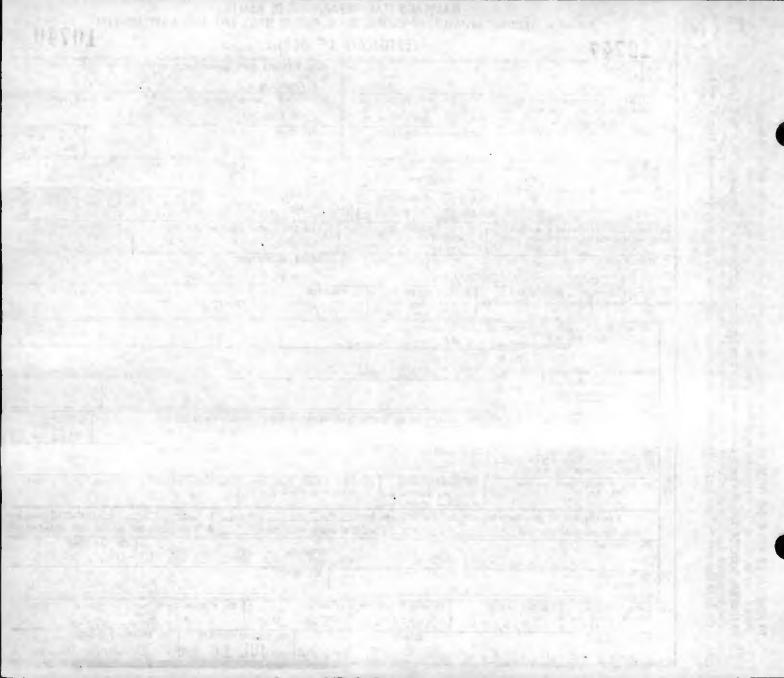
CERTIFICATE OF DEATH

10740

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PLACE OF DEA O. COUNTY			o STATE	b fol	tion: Residence before admission)		
	NORCESTER	MARYLAND	MAIZYLAI		BALT-C174		
	VN (If outside corporate limits, L and give nearest town)	c. LENGTH OF STAY IN 15		itside corporate limits, write Rl			
134	THURE CETTO C		BALTINE	0125	30-1		
d. NAME OF H	SPITAL OR INSTITUTION (If not in h	ospitol, give street address)	d. STREET ADDRESS	4 /2-	B. IS RESIDENCE ON A FARM?		
1001 PI	HILADELPHIA AVE	F,	1223 WAI	TERS AVE ZOI	YES NO E		
NAME OF DECEASED	First	Middle	Lost	4. DATE Mor			
(Type or print			MARTIN	DEATH "VEL /	1/ -		
SEX		ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Doys Hours Min.		
127	1 4 7 7 7	DOWED DIVORCED	OCT 22,19	58 AL			
rine most of wo	ATION (Give kind of work done king life, even if refired)	10b. KIND OF BUSINESS OR INDUSTRY		& Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
61957FL	Ethic CE SUPERVISAL	6 PS + ELEME CO		TIA, CONTAIN	USA		
3. FATHER'S NA	<u>_</u>		14. MOTHER'S MAIDEN				
AL	DISON D. MAN			Mª PHETESOI	N.		
	DEVER IN U.S. ARMED FORCES? wn) [(If yes give war or dates of servi	V	INFORMANT	Add	ress 1223WALTERS AYE		
NO	Willy (in less diversity of delias at 3014)	712-05-4602 1	MKY JULIA	MARTIN(WIFE)	DAITINDEE AD.		
	OF DEATH (Enter only one couse per	line for (o), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH		
PART I.	DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a)	CARPINE ARRE	F57		ONSCI AND DEATH		
420	DUE TO		U 150 M 14	/			
	ony, which gove) (b)_	MYOCHRDIAL	INI- ARCTIC		CA 10 MINI,		
	ediote couse (o), DUE TO						
.tzol) (c)_						
PART II. OTH	ER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?		
200. ACCIDEN	HYPERTENSION				YES NO [
OR CONTRIBI	T WAS UNDERLYING ITING CAUSE OF DEATH OTIFY MEDICAL EXAMINER	205. DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in	Port I or Port II of item 1B.)			
20c. TIME O	INJURY Month, Doy, Year r o.m.		ACE OF INJURY (Home, forr ctory, street, office bldg., etc.		(County) (State)		
21, 1	ertify that (I) (this hospital	attended the deceased fram_ 9 22 1966, and th	NULY 22.	1960 to JULY	22, 1966, that (1) (we)		
saw ti	e deceased alive an - 101	9 22 1966, and th	at death accurred at	243 PM, fram causes	and an the date stated abo		
220. SIGNA		1	ATTENDING	MED. STAFF	22b. DATE SIGNED		
	1 OBERT 1	. Jak 1	A.D. PHYS,	DIRECTOR PHYS.	- Luby 22/1966		
22c PHYSICIAN'S NAME (Type) ROBERT L. SCOTT 1001 PHILADELPHIA AVE OCERVICITY M							
23o. BURIAL, CRE	MATION. 235. DATE, THEREOF	23c. NAME OF CEMETERY OF	R CREMATORY	23d. LOCATION (City or T	own) (County) (Stote)		
REMOVAL (S	pecify) 7/2//	66. MORELAND	MEM. CEM	· BAI	To. Md.		
24. FUNERAL DI		ADDRESS	2So. REC'	D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE		
15.110	1 7 0 1 -	Tap Botto MJ.	212 14 DATE JI	JL 26 1966	Milarley Jugar		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deoth. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral

VR A1



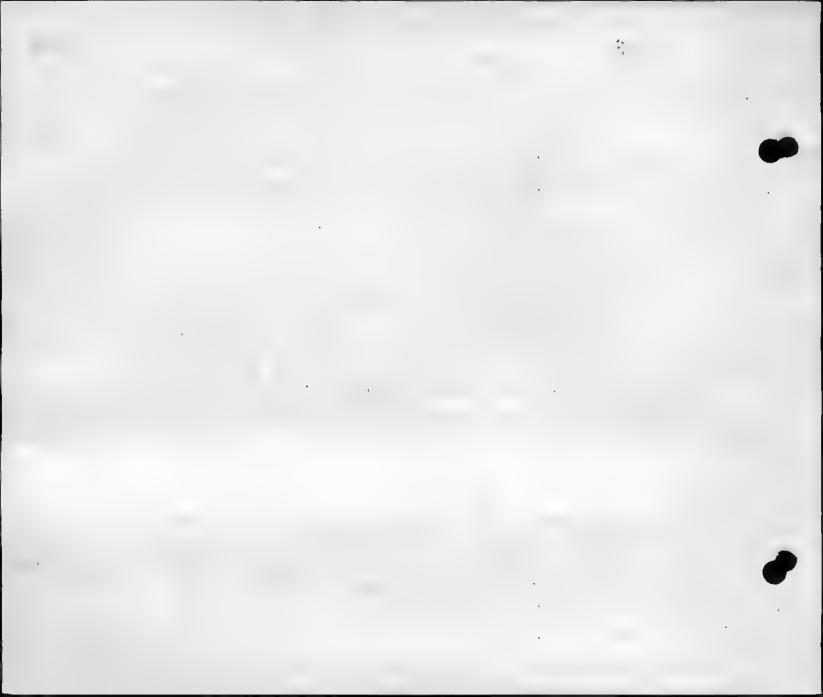
PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH USUAL RESIDENCE (Where decassed leved, if Institution: Residence before edmission) a. COUNTY b. GOUNTY ISAL 통감축 URCEST ER MARYLAND WOR ъ b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest Town write RURAL and piva nearest lown? d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Middla DECEASED (Type or print) DEATH 19 COLOR OR RACE 7, MARRIED NEVER MARRIED F UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR. last birthday) DIVORCED WIDOWED 10a USUAL OCCUPATION (Give kind of work 12 CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or fore on country) done during most of working life, evan if retired) 13. PATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. [Yes, no, or unkown) (If yes give war or datas of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTÉRVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: upper respiratory IMMEDIATE CAUSE (a) Conditions, if any, which gava rise to immediate causa YASTHENIA GRAVIS (a), steting the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPS PERFORMED? none NO 20a ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 1 20d. INJURY OCCURRED 1 20th PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) [Stata] factory, straat, offica bldg., etc.) Whyla Not While at work at work ... 19 44 ... and that death occured at 24M, from the causes and on the date stated above. 228 SIGNATURE ATTENDING PHYS. SIGNED DIRECTOR PHYS. 1966 22d. ADDRESS 22c PHYSICIAN S NAME (Type) director, be filed BURIAL, CREMATION 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) ISM 7/61

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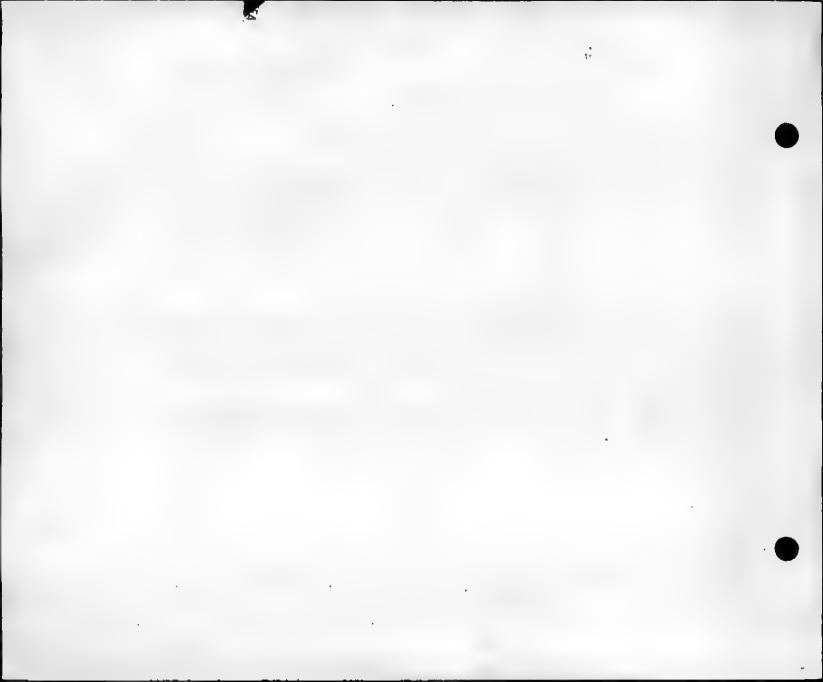
OH

AND STATE DEPARTMENT OF HEALTH



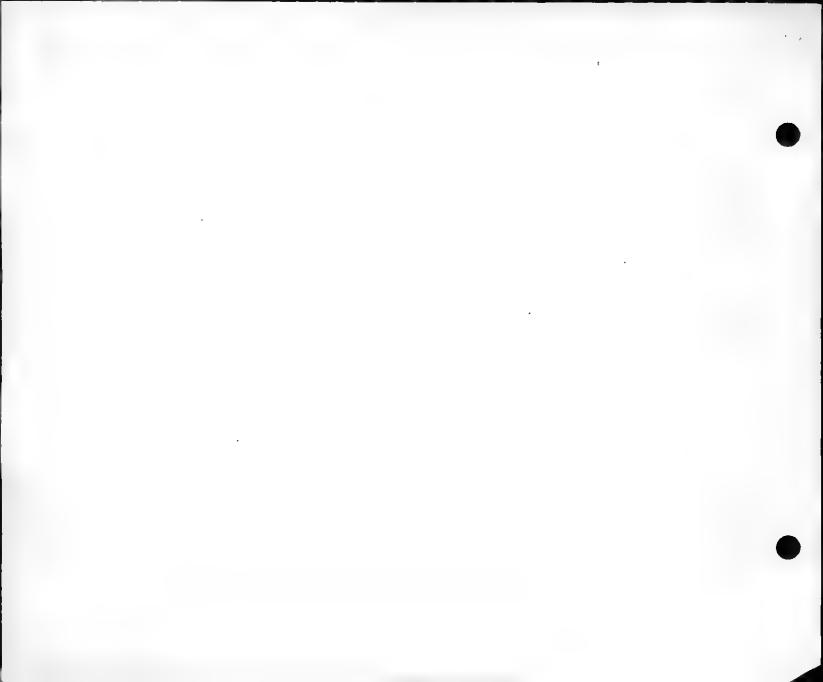
CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after deoth ond PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased eved, if institution Residence before admission) o. COUNTY WORCESTER MARYLAND b CITY OR TOWN (f autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c. C TY OR TOWN (If outside corparate in its, write RJRAL and give nearest town) AROUT 34RS d STREET ADDRESS OCEAN CITY d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? 307 N. BOARDWALK 307 N. BOARDWALK NO V 3 NAME OF 4 DATE DECEASED -1624 EZ 12ABETTY PENNYWELL (Type or print) 7/MARRIED / NEVER MARRIED 9 AGE (n years IF UNDER 1 YEAR IF JNDFR 24 HRS 5 SEX 6 COLOR OR RACE 8. DATE OF BIRTH MAUCHSIAN 10o USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working the even if retired SOMEUSET 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME MANDOW T. BRADSHAA) UNILNOWN'GGT PRESENT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give war or dates of service) ZOTN, BENDOWALK MILDRED 149-28-4644-1 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY ONSET AND DEATH MYOCHEDIAL INFACCT IMMEDIATE CAUSE (a) DUE TO Conditions, if only, which gove it ARTERIOSCIETOTIC CARDIOVASCULAR rise to immediate cause (a), DUE TO stating the underlying cause last. 19 WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? DIABETES MELLITUS, BRONCHITTS MILD BOUTE NO 20g ACCIDENT WAS LINDERLYING [7] 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II at item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INIURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c, TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) at work ot work 21. I certify that (I) (this hospital) attended the deceased fram $-\sqrt{U27}$ 2, 1966, ta $-\sqrt{2019}$ 3, 1966, that (I) (we) last saw the deceased alive an $-\sqrt{2019}$ 1966, and that death accurred at $-\sqrt{2019}$ 4M, fram causes and an the date stated above. saw the deceased alive an JULY 1 O FUNERAL DIRECTOR: 226 DATE SIGNED 22a SIGNATURE director, page 3 should be filed v PHYS 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 1001 PHILADEL PITIA 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION. (Stote) REMOVAL (Specify) Cape Charles Cometery Cape Charles 2Sb. REGISTRAR'S SIGNATUR VR A15 (4) Temperanoeville V2 DATE J 20 M 1/66

MARYLAND STATE DEPARTMENT OF HISLITH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Norcester MARYLAND c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) 130/timore CeAN 1 00 h d NAME OF HOSP TAL OR INSTITUT ON At nat in haspital, give street address) d STREET ADDRESS 4008 Penning ton AVe e State | 72 haus YES NO DE 3 NAME OF 4 DATE DECEASED the 19 66 F JNDER I YEAR IF UNDER 24 HRS S SEX 8 DATE OF BIRTH 9 AGE (In years last birthday) 11-18-08 WIDOWED 11. BIRTHPLACE (State or fareign country) 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT during post of working life, even if retired) Baltinone Supervisor 13 FATHER SINAME 14 MOTHER'S MAIDEN NAME IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (Yes, nq, arunknawn) (If yes give war ar dates of service remayal. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH. PART I DEATH WAS CAUSED BY CARDIAC & IMMEDIATE CAUSE (o) This certificate should DUE TO Conditions, if any, which gove (b) rise to immediate cause (a), DUE TO stoting the underlying couse 19 WAS AUTOPSY PART I. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0). PERFORMED? Me G o cordine 16 faction Feb. 200 DESCRIBE HOW INJURY OCCURRED (Enter nature of noutry n Port I or Part II of tem 18) reveous YES NO M 20a EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING I CAUSE OF DEATH Health ar its designated agent, 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f (City or town) (County) (State) While at work of work factory, street, affice bldg, etc.) 21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection 💢, Inquiry , and in my apinion death resulted from: Natural causes 🔀 . Accident . Suicide . Hamicide . Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** 7-31-66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) Clan (144, New 230 BURIAL CREMATION. 0 Ohivet Com. 2Sq. REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	10752	CERTIFICATE	OF DEATH			10745	
1	PLACE OF DEATH COUNTY County	MARYLAND NGTH OF STAY IN 16 35/25	2 USUAL RESIDENCE (WHO OLD STATE OLD	LAND	P COMMIA	give neorest town)	R.
			3211	DAIN	ST	ON A FAR	0-1
S	NAME OF DECEASED (Type or pnn1) SEX 6 COLOR OR RACE WIDOWED USUAL OCCUPAT ON (Give kind of work done) 10b KIND OF	DIVORCED 🔲	CLOST H V NE DATE OF BIRTH FEB 9 19 11 BIRTHPLACE (County &	08 5	rindoy) Month	ER I YEAR IF UNDER 2	4 HRS Min
di	rung most of working life, even if retired) Sequence of the life		BISH 21		MO	COUNTRY?	} .
13	FATHER'S NAME TIM DTHY H. RAYNE		LANTA		INS		
	WAS DECEASED EVER IN U.S. AMMED FORCES? es, no, or unknown) (If yes give wor or dotes of service)	SECURITY NO 17. 11	NFORMANT	RAVA	Address BERI	-IN MO)
	157X DUE TO), ond (c))	RCINOMA,	PRIMA	ry	INTERVAL BETWOODER	НТА
	nse to immediate couse (a), stating the underlying couse lost. (c)						
CERT FICATION	An add a residence of the control of	aral yea	<i>N</i> →	non		19 WAS ALTOP PERFORMED YES N)5
MEDICAL CES	OR CONTRIBUTING CLUSE OF DEATH (IF EITHER, NOTIFY MED CA. EXAMINER) 20c. TIME OF PAURY MONTH, Doy, Yeor Hour om. p.m. 19 20d. INJURY (While of work	Not While focto	F OF INJURY (Home, form, ry, street, office bldg_etc)	20f (City	or town)	(County) (St	ote)
	21. I certify that (I) (this hospital) attended the saw the deceased alive on Source 28.	ne deceased from	death accurred at	GO, ta -	a causes and or	9 <mark>6_6</mark> , that (1) (w	e) lo abov
	Trank Jewy	M. M.D.	ATTENDING DO	NED.		DATE SIGNED -2-66	
	22c. PHYSICIAN'S NAME (Type) FPA!K LEW	15,1R,	22d ADDRESS	inda,	md.		
73	O BURIA, CREMATION, 236 DATE THEREOF 23C. REMOVAL (Specify) 8 2/66	NAME OF CEMETERY OR		236 LOCATION /3 5/2	` ' . ' 1	(County) (Sig	te)

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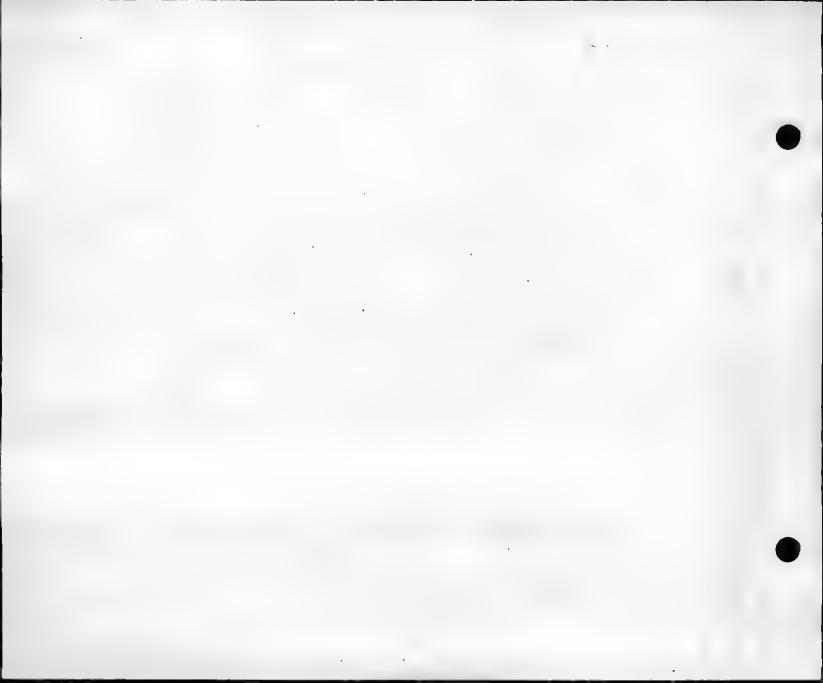
DATE AUG

ng prisition and completely filled in by the funeral their please remove carbon papers. Pages 1 and 2

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Poge 4 may be retained by the hospitol or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending the sciena and completely filled in by the funeral director, page 3 should be detached for use as the burial-fronsit permit. They please remove carbon papers. Pages 1 and should be filed with the State Dept of Health prior to burial, cremotion, or removal, and in any event, within 72 hours ofter death

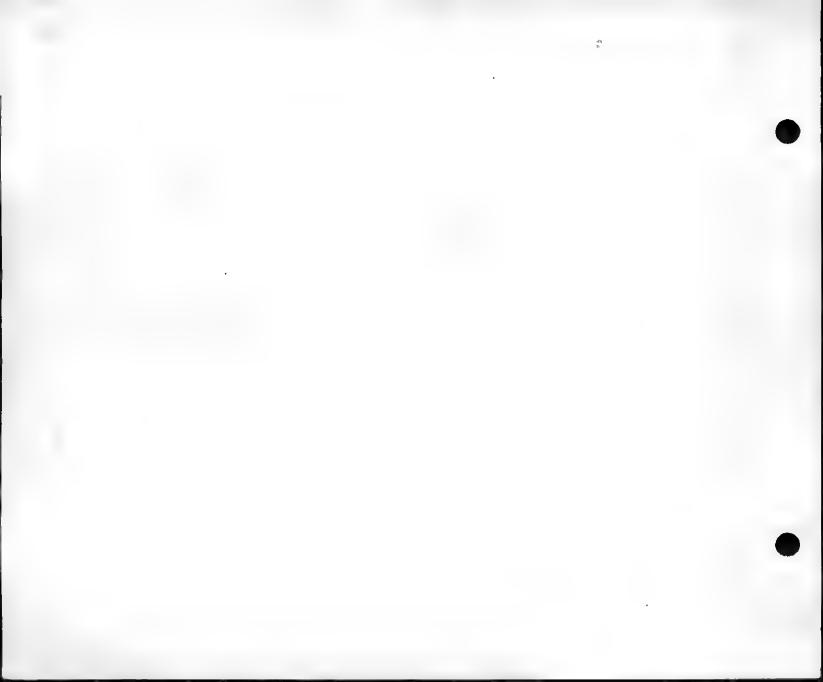


1	1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR S	TATE	10753 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH	DEPT.	1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission)
delay is 2, and 3 to PM3. Page	tof	Woreeler MARYLAND PA.
delay 15 ond 3 to M3. Page	men r dec	b CITY OR TOWN (if autside corporate limits, c LENGTH OF STAY IN 1b c C TY OR TOWN (if autside corporate limits write RURAL and give nearest town) write RURAL and give nearest town)
P. 0. Y	oort	West Decan City Lweeks JAAMOKIN
# - E	Del	d NAME OF HOSPITAL OR INSTITUTION (finat in harp to give street address) d STREET ADDRESS* 0 IS RESIDENCE ON A FARM? YES NOW
oges F fo	hol	3 NAME OF Frst Middle Last 4 DATE Month Day Year
dec /e P	the S n 72	DECEASED (Type or point) Juseph M WERNTZ DEATH July 31 1966
vithin 24 hours after deoth 1f a sencifin Item 18. Give Pages 1,	pages 1 and 2 with the State Department of in ony event within 72 hours after death.	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
n 18	d2 v	WIDOWED DIVOKED 3671, 6, 1906 57 yrs.
of Ten	lan	100 US_AL OCCUPATION (G ve kind of work done during hile, 8 ven if retired) 100 KIND OF BUSINESS OR INDUSTRY INDUSTRY S17 AMORIN P. A. 12 CITIZEN OF WHAT COUNTRY? CL SA.
n 24 if in	ges	13 FATHER'S NAME 14 MOTHER'S MA DEN NAME
within pencif	O O	LEVI WIERNITZ SARAH CAIN
A 4 (A)	, ond	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT.
ing.	oval	ins No 178-05-1118 Papers on decreased SHAMOKIN A
This certificate should be executed within 24 hours after deoth ficate, writing the word "pending" in pencil in Item 18. Give Page be forworded to the Chief Medical Examiner's Office along with f	used as o buriol-tronsit permit. burial, cremation, or removal,	IB CAUSE OF DEATH (Enter on y one cause per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY A CULT PROPOSATION JONSEL AND DEATH
5 5 5 4	tron.	MMED ATE CAUSE (a) About a my obstruction I manded.
wo the	uriol ofici	Conditions, if any, which gave) (b) Coronary occlusion
the street	o bi	rise to immediate cause (a),
ifica iting order	al, c	lost (c) Arteriosclerosis
cert wr	borri	PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?
This cote be f	- 5 t	YES NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of nury in Part or Part I af item 18.)
INER: This certificate should be execui e certificate, writing the word "pending should be forworded to the Chief Medy	s oould prio	PRIMARY Or CONTRIBUTING C
MINE the c	may be retained for your files FUNERAL DIRECTOR: Page 3 should be used eolth or its designated agent, prior to buria	PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of nury in Part or Part I at item IB) 20c. TIME OF INJURY Month, Day, Year While Nat While Nat While Rectangle (County) (Stote)
X X X X X X X X X X X X X X X X X X X	Pog b	pm. jatwark L atwark
AL EXA execute or. Poge	GR: To te	21. I certify that I took charge of the remains described above held on Autopsy , Inspection , Inquiry , and in my opinion
sse e	RECT RECT esign	deoth resulted from: Natural couses , Accident , Suicide , Homicide , Jndetermined manner .
MEST please	refo L DII Ifs d	ACTUAL SIGNATURE AD ASSISTANT MEDICAL EXAM NER 22. DATE SIGNED
Sory,	ERAI	EXAMINER'S THOMAS J. ROBERTS DEPLTY MEDICAL EXAMINER & Ocacum City, and 7.31-66 Address (Street, city, town, or county) Ocacum City, and 7.31-66
O DEPUTY MEDICAL EXAMINER: necessory, please execute the certification of the funeral director. Page 4 should	o FUNE Heolth	23a BURIA, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Towns of Richard (Stote)
0 0 = 1	^ <u>2</u> =	REMOVAL Specify & SIGE ST. EDWAND NORTHUMBERLAND CO PA
VR ,	A15ME (5)	24. FUNERAL DIRECTOR 250 REC'D BY REG STRAR 25b. REGISTRAR'S SIGNATURE
6	SM 1/66	prime fillette pertin that DATE AUG 2 1956 generales Judge

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, gremation, or removal, and in any event, within 72 hours after death.

VR ATS (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10754 CERTIFICATE OF DEATH							
1. PLACE OF DEATH	1) 2. USUAL RESIDENCE (Where decassed lived, if Institution: Residence before admission)						
e. COUNTY	e. STATE 6. COUNTY						
b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest loyn)						
mergite RURAL and give nearest town)	T. 7-16:						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS						
11011 9.2. 1 54	ON A FARM? YES NO DO						
3. NAME OF First Middle	A Last 4. DATE Month Day Yeer						
(Type of print) Octavis E. U	11/50n OF DEATH 7 8 19/8						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.						
TOURS WIDOWED DIVORCED	10/24/1890 7 5/15.						
Do. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	RY 11 SIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY?						
LEGGEL Jeafers	Mary 1820 11.5						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
NO3h MZINWY1951	Annie Long						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT						
215.17. 37/1	Traving Wallace Battmereld.						
18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c).]	INTERVAL BETWEEN						
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CARD	AC FAILURE. ONSET AND DEATH						
4 20 A DUE TO	No pariete.						
1 2 3 10	TIC HEART DISEASE UNDETERM						
gave risa to immediata cause	ITC TELLET DISENSE DAGELERE.						
(a), stating the underlying DUE TO							
cause last. (c)	TOTAL TANK OF THE PROPERTY COMPANY OF THE PROPERTY OF THE PROP						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?						
U	YES NO						
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH U [IF EITHER. NOTIFY MEDICAL EXAMINER]	RED. (Enter nature of Injury in Pert I or Part II of Itam 18.)						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)						
at week	clory, streat, office bldg., etc.)						
	-1-11 -11						
21. I certify that (I) (this hospital) attended the deceased from	7. 1966, to						
saw the deceased alive on	death occurred at M, from the causes and on the date stated above.						
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE						
	M.D. PHYS. DIRECTOR PHYS.						
22c. PHYSICIAN'S / NAME (Type)	22d. ADDRESS						
	10 COMORE, MD.						
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, lown or county) (State)						
BUND 7/10/86 WhiteHa	ven Cem. White Naven Mt.						
24 FUNERAL DIRECTOR'S SUNATURE ADDRESS	250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE						
(IN onsi ODIVENO, N	ld DATE JUL 11 1966 Icharles Judge						

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10755

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10748

FOR	STATE		10755 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	10748
HEALT	H DEPT.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Resident of COUNTY of STATE.	nce before admission)
ay is 3 to	to the		WORE PSTER MARYLAND TENN	V
delay and 3	ate Deportment of hours after death.	1	CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give neares, lown)	re nearest town)
0 0	ortr	1/	WANT- PERILO JOINDS. MILLIAGE POLIZ	75-3
	Dep rs a		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	e IS RESIDENCE ON A FARM?
h. If	ate De		DIOUG HARDER TOTAL	YES NO
after death. 8. Give Poge	e St 72	3.	NAME OF Lost Lost OF Middle Ziegler OF Manth	3 Poy Year 66
Sive	with the St	5	(Type or print) SEX 6. COLOR, OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER	
	with I	20	WIDOWED DIVORCED NAV / 1880 Stathday) Months	Days Hours Min.
hours litem 18	d2 vent	100	PUSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11) BIRTHPLACE (State or foreign country) 12. Cl	TIZEN OF WHAT
24 h in Ite	1 >	du	ing grass of working the, even if retired whoustry co SKIPPACK PA	UNITRYS A
at 12	180		FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
within 2 n pencil ii	File pa		BENJAMIN S. AIEGLER SARAH HALLMAN	
- CD			. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address as, na, or unkpown) (If yes give war or dates of service)	A
e executed pending" in	burial-fronsit permit.	(,	NO NO 164-09-990PIVE BENJAMIN S. LIEGLER	13 FRUM NO
end	t b		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN
	Tons		IMMEDIATE CAUSE (a)	10>770-
should e word	ial-1		Conditions, if any, which gave) (b)	
sh sh	d)		rise to immediate cause (a),	
certificate should writing the word	oll o		stating the underlying cause (c)	
ertif	used on buriol,	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
-	m 0 /	CERTIFICATION		YES NO
ER: This certificate,		RTIFIC	20a. EXTERNAL CAUSE WAS PRIMARY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)	1
Certifi Certifi	our files. agent, prior		CAUSE OF DEATH.	
EXAMINER: Ute the cert	e 3 sent	MEDICAL	Hour o.m. While Not While foctory, street, office bldg., etc.)	iunty) (State)
Xecute	y our	2.	p.m. 19 at wark L	1.0
- e e	ained for y		21. I certify that I took charge of the remains described above, held an Autapsy, Inspection Inquiry,	and in my opinian
Met.	ned Sign		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	_
Met plet	refai L DIR its d		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER (22. DATE SIGNED
JTY.	RAL		EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY DEPU	31 66
O DEPUTY necessary, p	5 moy be retained for your TO FUNERAL DIRECTOR: Page Health or its designated age	-	NAME (Type) TO OWN SEN & JR - Address (Street, city, town, or county)	1100
O D D	He o	23	BURIAL (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR ENEMATION (City or Town)	(Caunty) (State)
_	←		1307CIA US 5 166 DECREE WASH MEM ORK PHILA.	KA.
		0	LEUNERAL DIRECTOR ADDRESS 250, REC'D BY REGISTRAR 250, REGISJRAR'S	

